

## Tampa Bay Paralegal Association, Inc. 2024 Monthly CLE Event Sponsorship Commitment Form

Monthly CLE Event Sponsorship Fee - \$175.00	(per Sponsor). Limited to 2 non-competing Sponsors per month
*TBPA will attempt to accommodate your preferre	toice Month Third Choice Month and month; however, cannot guarantee as each month is assigned in the conthlycle@tbpa.org to assure prompt attention! Sponsorship is not be received, with confirmation response.
to attend the CLE Event, whether in-person lur	ees of \$175 will cover attendance for one company representative ncheon or via virtual webinar. The remainder of the Sponsorship ociated with holding the CLE Events, Certification, Professional d other Board approved expenses.
	thly CLE Event (either luncheon/virtual webinar) so that you receive an this event to your calendar after you have received the registration
Luncheon Meal preference (if in-person event ***Please note any dietary restriction: Salt F	:): Regular / Vegetarian ree / Gluten Free / No Dairy
luncheon and will have up to 3 minutes at the your door prize; (c) may provide marketing mate	icheons, will receive verbal recognition at the beginning of the end of the luncheon to introduce your company; (b) awarding of erials to distribute at luncheon; (d) will receive listing of registrants in a minimum of 4 Event emails, on TBPA's Website, and on social
at your discretion). If you are not able to attend the	value of \$25 please (such as a gift card, gift basket, or other door prize event, you may provide the Door Prize to the TBPA President or Luncheon or prize will be presented at the event in your absence.
company, TBPA will email an invoice to you for y (within 10 days of the date of the invoice, unl	ted Sponsorship Form and assigned a monthly luncheon to your your Monthly CLE Event sponsorship and you may pay the invoice less otherwise agreed by TBPA) either online through our online g or you may mail a check and this original signed Commitment P.O. Box 2840, Tampa, FL 33601.
Regardless of your form of payment, please em	ail a copy of this signed form to monthlycle@tbpa.org.
Monthly CLE Event Sponsor Information & Agree	ement:
Company	Individual Contact Name
Phone Number	Email
Date	Signature